

Behavioral Health Services



Department Description

Behavioral Health Services is a continuum of mental health, alcohol and other drug services for children, youth, families, adults, and older adults. Mental health clinicians, alcohol and drug counselors, and peers provide these services in a professional and respectful manner. Behavioral health services include prevention, treatment, and interventions that promote recovery and social well-being.

Mission Statement

To make people's lives safer, healthier, and self-sufficient by managing essential services.

Alcohol and Drug Services

Alcohol and Drug Services (ADS) provides leadership, planning, policy development, service coordination, and resource management for a comprehensive system of alcohol and other drug abuse prevention and treatment services. ADS works in partnership with service providers and other County agencies to deliver effective, culturally sensitive, and appropriate alcohol and other drug prevention and treatment services in community settings throughout San Diego County. Alcohol and other drug treatment, recovery and prevention services are provided exclusively through contracts with community-based organizations. ADS also provides treatment services to County probationers and State parolees in lieu of incarceration, as required by California Proposition 36.

2004-05 Accomplishments

Strategic Initiative – Kids

- Ensured 79% (527) of adolescents successfully discharged from alcohol and drug treatment completed high school or the equivalent, or enrolled in an educational setting, increasing their self-sufficiency, exceeding the target of 70%.

Strategic Initiative – Safe and Livable Communities

- Improved the health and well-being of individuals in an alcohol or drug treatment program by:
 - Ensured completion of treatment for 54% (5,381) of participants in a program for more than 30 days, just under the target of 55%.
 - Ensured 90% (4,334) of participants discharged were employed or have initiated employment preparation by the date of discharge, well exceeding the target of 60%.
 - Ensured 69 contracted programs had policies in place to accept clients with both substance abuse and mental health problems and provide services and/or appropriate referrals, exceeding the target of 50.
- Ensured that 98% (9,796) of adult and adolescent participants in an alcohol and drug treatment program for more than 30 days have not engaged in criminal activity resulting in a conviction during the treatment period, exceeding the target of 90%.

Required Discipline – Regional Leadership

- Co-located with Mental Health Services to begin integration of mental health, alcohol, and other drug services into a behavioral health system that is responsive to the needs of children and adults, many of who have co-occurring substance abuse and mental health problems.



2005-07 Objectives

Strategic Initiative – Kids

- Increase self-sufficiency for 75% of 350 adolescents successfully discharged from alcohol and drug treatment by ensuring they completed high school or the equivalent or enrolled in an educational setting.

Strategic Initiative – Safe and Livable Communities

- Increase health and well being for 45% of 5,000 participants in an alcohol or drug treatment program for more than 30 days by ensuring successful completion of treatment.

Required Discipline – Customer Satisfaction

- Implement alcohol, drug, and mental health services integration plan and establish client-focused measures by June 2007.

Adult/Older Adult Mental Health Services

Adult/Older Adult Mental Health Services (A/OAMHS) follows the philosophy, principles and practices that emphasize the reduction of psychiatric hospitalization and provision of opportunities for mental health clients to become productive community members. Cultural competence is also emphasized in treatment strategies. The population served is Medi-Cal eligible, uninsured, underinsured, and/or indigent adults with a diagnosis indicating serious mental illness.

2004-05 Accomplishments

Strategic Initiative – Safe and Livable Communities

- Provided 12,000 eligible adults timely access to initial mental health outpatient assessment within an average of 8 days, better than the target of 21 days.

- Ensured that no more than 21% (1,281) of adult patients discharged from psychiatric hospitalization need to be readmitted within 30 days by linking those discharged to timely, appropriate services in the community, compared to target of no more than 23%.
- Initiated a Mental Health Services Act (MHSA) comprehensive community planning process that included clients, children, youth and family members, providers and other community stakeholders to receive input on mental health needs of the community to be funded under the MHSA.

Required Discipline – Regional Leadership

- Promoted an integrated model of practice in behavioral health by co-locating ADS and Mental Health Services Administration, and expanding a dual diagnosis training initiative by 15 programs for a total of 35 programs across Children's Mental Health, Adult/Older Adult Mental Health, and ADS.

2005-07 Objectives

Strategic Initiative – Safe and Livable Communities

- Provide a mental health outpatient assessment to 12,000 eligible adults within a system-wide average wait of 10 days.
- Ensure no more than 1,225 readmissions within 30 days of previous admission, a reduction of 2% (25 readmissions) from the previous fiscal year.

Required Discipline – Regional Leadership

- Complete a comprehensive community-based planning process and begin implementation of expanded mental health services for adults and older adults, funded by the Mental Health Services Act (Proposition 63).



Children's Mental Health Services

Children's Mental Health Services (CMHS) provides aid to children and adolescents who are emotionally disturbed, and their families. CMHS offers a wide variety of mental health services that are comprehensive and community-based ranging from early intervention to residential services. CMHS works in partnership with families, public agencies, providers and the community to achieve effective outcomes for children and youth.

2004-05 Accomplishments

Strategic Initiative – Kids

- Prevented the need for out-of-home placement for 99% (157) of seriously emotionally disturbed children and youth served by the CMHS Initiative in which an array of services are provided to improve their well-being and ability to function, exceeding the goal of 70%.
- Provided school-based mental health services to 272 schools, an increase from 252 schools last year. Mental health staff provided assessments, treatment, medication, and case management.
- Provided 11,000 eligible children and youth timely access to initial mental health outpatient assessment within a system-wide average of 5 days, better than the target of 21 days.

Required Discipline – Regional Leadership

- Promoted an integrated model of practice in behavioral health by co-locating ADS and Mental Health Services Administration, and expanding a dual diagnosis training initiative by 15 programs for a total of 35 programs across Children's Mental Health, Adult/Older Adult Mental Health, and ADS.

2005-07 Objectives

Strategic Initiative – Kids

- Ensure an estimated 11,000 eligible children and youth will be provided an outpatient mental health assessment within a system-wide average wait time of 7 days.
- Prevent the need for out-of-home placement for 95% of the total number of seriously emotionally disturbed children and youth served by the CMHS Initiative.

Required Discipline – Regional Leadership

- Complete a comprehensive community-based planning process and begin implementation of expanded mental health services for children and youth, funded by the Mental Health Services Act (Proposition 63).

Changes from 2004-05 Adopted

Staffing

Includes a reduction of 126.00 staff years.

- A program transfer in which 59.00 staff years originally reflected in Behavioral Health Services (Child Mental Health Services (CMHS) Residential Services) will now be budgeted in Child Welfare Services – with no impact to services or clients.
- A transfer from Administrative Support to CMHS of .50 staff years for a Psychiatrist position.
- A reduction of 3.00 staff years in CMHS due to re-engineering through managed competition.
- A reduction of 64.50 staff years due to the re-engineering/outsourcing of Adult/Older Adult Mental Health Services through managed competition.

Expenditures

Includes expenditure reductions of \$1.8 million.

- Alcohol and Drug Services expenditure decrease of \$0.5 million.



- \$0.1 million increase associated primarily with negotiated labor agreements.
- \$0.6 million decrease primarily for a reduction in Local Law Enforcement Block Grant contracts.
- Adult/Older Adult Mental Health Service (A/OAMHS) expenditure decrease of \$0.7 million.
 - \$4.3 million decrease associated with managed competition. An overall reduction of \$7.3 million from the re-engineering/outsourcing of A/OAMHS through managed competition is expected to be achieved, of which \$3.0 million was already factored into the Fiscal Year 2004-05 Adopted budget based on the premise that reductions through the managed competition process would begin in Fiscal Year 2004-05.
 - \$4.0 million decrease in pharmaceutical appropriations primarily due to the transfer of the jail pharmaceutical program to the Sheriff's Department.
 - \$1.6 million increase associated largely with negotiated labor agreements.
 - \$1.7 million increase in utilization of fee-for-service hospitals.
 - \$2.4 million increase of one-time contracted services for AB 2034 ((Mental health funding: integrated services for homeless mentally ill).
 - \$0.7 million increase associated with Proposition 63 planning.
 - \$1.2 million increase in miscellaneous services and supplies.
- Children's Mental Health Services (CMHS) expenditure decrease of \$0.6 million.
 - \$0.3 million decrease associated with the re-engineering of CMHS through managed competition.
 - \$5.1 million decrease from the transfer of the residential program from Behavioral Health Services to Child Welfare Services.

- \$1.3 million increase associated largely with negotiated labor agreements.
- \$3.5 million increase due to additional day treatment contracts for residential programs and other outpatient services.

Revenues

Includes revenue decreases of \$1.8 million:

- Alcohol and Drug Services decrease in revenue of \$0.5 million.
 - \$0.2 million decrease for Proposition 36 and Local Law Enforcement Block Grant revenue.
 - \$2.0 million decrease in the use of Fund Balance.
 - \$1.7 million increase in the use of General Revenue Allocation.
- CMHS revenue decrease of \$0.6 million.
 - \$4.7 million increase in CMHS for additional school funding of AB 2726 (Special Education Program) services, and an increase in federal Medi-Cal revenue.
 - \$0.9 million decrease in Miscellaneous Revenues - Federal Emergency Management Agency (FEMA) revenue.
 - \$2.5 million increase in Other Financing Sources associated with Mental Health Realignment and Tobacco Settlement revenue.
 - \$6.9 million net decrease in General Revenue Allocation due to the shift of the Residential Program to Child Welfare Services and an increase in funding obtained for AB 2726 services.
- Adult/Older Adult Mental Health Services (A/OAMHS) revenue decrease of \$0.7 million.
 - \$1.0 million decrease in Intergovernmental Revenue.
 - \$2.4 million increase of one-time AB 2034 (Mental health funding: local grants) revenue.
 - \$1.7 million increase in Federal Medi-Cal revenue.
 - \$0.7 million increase in Proposition 63 revenue.
 - \$5.5 million decrease in Managed Care revenue.



- \$0.4 million increase in Charges for Current Services in A/OAMHS associated with funding from Aging and Independent Services for a Health Services Coordinator, and for pharmacy revenue.
- \$0.7 million increase in Miscellaneous Revenue - Superior Court funding for Adult Forensics.
- \$0.5 million decrease in Other Financing Sources associated with Mental Health and Health Realignment and Tobacco Settlement revenue.
- \$0.4 million increase in General Revenue Allocation.

Significant Changes in Fiscal Year 2006-07

Expenditures and Revenues decrease by \$4.7 million primarily due to one-time AB 2034 (Mental health funding: local grants) rollover revenue not being carried forward for A/OAMHS contracts, one-time funding for the California Outcome Measurement System (CalOMS) that will not be needed by ADS during Fiscal Year 2006-07, reduction in lease costs, and other miscellaneous adjustments. No changes in staffing are anticipated.



| Performance Measures | 2004-05 Adopted | 2004-05 Actual | 2005-06 Adopted | 2006-07 Approved |
|--|--------------------|-------------------|----------------------|----------------------|
| Adolescents discharged from alcohol and drug treatment who complete high school or the equivalent | 70% | 79% | 75% | 75% |
| Participants in alcohol and drug treatment more than 30 days who successfully complete treatment | 55% | 54% ⁴ | 45% | 45% |
| Wait time for adult mental health outpatient treatment | 21 days | 8 days | 10 days ⁵ | 10 days ⁵ |
| Reduction in percentage of psychiatric hospital readmissions within 30 days of previous admission ² | N/A | N/A | 2% | 2% |
| Wait time for children's mental health outpatient treatment | 21 days | 5 days | 7 days ⁵ | 7 days ⁵ |
| Residential placement avoided for children and youth served in the CMHS Initiative | 70% | 99% | 95% | 95% |
| Participants in alcohol and drug treatment more than 30 days who do not engage in criminal activity during treatment period ¹ | 90% | 98% | N/A | N/A |
| Adults discharged from alcohol and drug treatment who are employed or in employment prep activities ¹ | 60% | 90% | N/A | N/A |
| Adult patients discharged from psychiatric hospitalization readmitted within 30 days ^{1,3} | 23% | 21% | N/A | N/A |

¹ These measures will not be reported in future Operational Plans as the Agency continues to replace some measures with alternative measures that better reflect strategic priorities captured in "Envision Progress: A Strategy Agenda for 2005-2010," developed based on input from community advisory committees and staff.

² This measure has been rewritten for clarity and ease of understanding. It replaces the Fiscal Year 2004-05 measure, "Adult patients discharged from psychiatric hospitalization readmitted within 30 days."

³ This measure will not be reported in future Operational Plans because it has been re-worded for clarity and ease of understanding. It is replaced by the Fiscal Year 2005-07 measure "Reduction in percentage of psychiatric hospital readmissions within 30 days of previous admission."



⁴ A lower percentage of individuals has successfully completed treatment than was the Agency target. A number of efforts are being initiated to identify the reasons for the lower result, including an analysis of successful treatment outcomes by type of treatment modality and type of population. In addition, training for treatment providers was held in April 2005 to ensure consistent application of successful discharge criteria and appropriate coding on data forms.

⁵ The Fiscal Year 2005-07 targets for wait times for both children and adult mental health outpatient treatment are significantly more aggressive than the prior year target of 21 days, reflecting current performance. A uniform, more restrictive definition of wait times is also being instituted.



Staffing by Program

| | Fiscal Year 2004-2005 Adopted Budget | Fiscal Year 2005-2006 Adopted Budget | Fiscal Year 2006-2007 Approved Budget |
|--|---|---|--|
| Alcohol and Other Drug Services | 42.00 | 42.00 | 42.00 |
| Adult/Older Adult Mental Health Services | 400.75 | 336.25 | 336.25 |
| Children's Mental Health Services | 196.25 | 134.75 | 134.75 |
| Total | 639.00 | 513.00 | 513.00 |

Budget by Program

| | Fiscal Year 2004-2005 Adopted Budget | Fiscal Year 2004-2005 Adjusted Actuals | Fiscal Year 2005-2006 Adopted Budget | Fiscal Year 2006-2007 Approved Budget |
|--|---|---|---|--|
| Alcohol and Other Drug Services | \$ 47,895,582 | \$ 42,318,759 | \$ 47,424,993 | \$ 47,060,447 |
| Adult/Older Adult Mental Health Services | 127,928,178 | 121,151,810 | 127,189,935 | 123,881,142 |
| Children's Mental Health Services | 85,395,572 | 69,164,932 | 84,837,548 | 84,857,014 |
| Total | \$ 261,219,332 | \$ 232,635,502 | \$ 259,452,476 | \$ 255,798,603 |

Budget by Categories of Expenditures

| | Fiscal Year 2004-2005 Adopted Budget | Fiscal Year 2004-2005 Adjusted Actuals | Fiscal Year 2005-2006 Adopted Budget | Fiscal Year 2006-2007 Approved Budget |
|---------------------------------------|---|---|---|--|
| Salaries & Benefits | \$ 50,156,153 | \$ 47,179,797 | \$ 48,017,146 | \$ 47,744,097 |
| Services & Supplies | 208,763,117 | 183,137,799 | 209,055,623 | 205,674,799 |
| Other Charges | 2,333,369 | 2,340,971 | 2,398,337 | 2,398,337 |
| Capital Assets Equipment | — | 7,725 | — | — |
| Expenditure Transfer & Reimbursements | (33,307) | (30,791) | (18,630) | (18,630) |
| Total | \$ 261,219,332 | \$ 232,635,502 | \$ 259,452,476 | \$ 255,798,603 |

**Budget by Categories of Revenues**

| | Fiscal Year 2004-2005 Adopted Budget | Fiscal Year 2004-2005 Adjusted Actuals | Fiscal Year 2005-2006 Adopted Budget | Fiscal Year 2006-2007 Approved Budget |
|------------------------------|---|---|---|--|
| Fund Balance | 2,000,000 | 2,000,000 | — | — |
| Intergovernmental Revenues | 145,153,270 | 127,152,239 | 148,643,345 | 145,237,251 |
| Charges For Current Services | 973,751 | 1,316,656 | 1,439,429 | 1,439,429 |
| Miscellaneous Revenues | 5,024,050 | 5,697,107 | 4,772,222 | 4,772,222 |
| Other Financing Sources | 89,434,947 | 85,668,627 | 90,783,163 | 90,899,930 |
| General Revenue Allocation | 18,633,314 | 10,800,873 | 13,814,317 | 13,449,771 |
| Total | \$ 261,219,332 | \$ 232,635,502 | \$ 259,452,476 | \$ 255,798,603 |

